

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14	1						64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30		1					80	
31		1					81	
32		1					82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37		1					87	
38		1					88	
39		1					89	
40		1					90	
41		1					91	
42		1					92	
43		1					93	
44		1					94	
45		1					95	
46		1					96	
47		1					97	
48		1					98	
49		1					99	
50		1					100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	13						TOTAL DEP.	
TOTAL CLAIMS	14						TOTAL CLAIMS	

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS